SCC eFile	2013 ANNUAL REPORT 213552350 COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION					
1.) CORPORATION NAME:			DUE DATE:	1/31/2013		
ASSOCIATION OF CHRISTIAN THERAPISTS			20227112			
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GEORGE K DEGNON ASSOCIATES INC 6728 OLD MCLEAN VILLAGE DR MCLEAN, VA 22101			SCC ID NO: F1883372			
			5.) STOCK INFORMATION			
			CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REG FAIRFAX COUNTY	ISTERED OFFICE:					
4.) STATE OR COUNTRY OF INCO	ORPORATION:					
6.) PRINCIPAL OFFICE ADDRESS	:					
ADDRESS: 6728 O	LD MCLEAN VILLAGE DRIV	Έ				
CITY/ST/ZIP: MCLEAN, VA 22101						
7.) DIRECTORS AND PRINCIPAL (cipal officers must s both a director a	be listed. An individual nd an officer.		
		Х	OFFICER	DIRECTOR		
NAME:	Robert Sears					
TITLE: ADDRESS:	PRESIDENT 5554 S. Woodlawn Ave					
CITY/ST/ZIP/CO:	Chicago, IL 60637-1621					
		Х	OFFICER	DIRECTOR		
NAME:	Joseph Duddie					
TITLE: ADDRESS:	SECRETARY 22 Mary Lane					
CITY/ST/ZIP/CO:	Colchester, CT 06415					
		Х	OFFICER	DIRECTOR		
NAME:	David Tipton					
TITLE:	TREASURER					
ADDRESS: CITY/ST/ZIP/CO:	152 Hombre Circle Panama City Beach, FL 3240	7				
611 1/61/211 /66.	Fallallia City Deach, FE 3240		OFFICER	DIRECTOR		
NAME:	Denise Dolff	X	SITIOLIK	DIRECTOR		
TITLE:	Pres Elect					
ADDRESS:	34-52 Blue Springs Dr.					
CITY/ST/ZIP/CO:	Waterloo, ON N2J 4M4 , CA					
NAME.	M 01 11 1 1 1		OFFICER	X DIRECTOR		
NAME: TITLE:	Mary Chakkalackal DIRECTOR					
ADDRESS:	3348 Bayview Ave, Unit J					
CITY/ST/ZIP/CO:	Willowdale, ON M2M 3R9 , C	A				
			OFFICER	X DIRECTOR		
NAME: TITLE:	Marilyn Dolcette					
ADDRESS:	DIRECTOR 55 Noroton Avenue					
CITY/ST/ZIP/CO:	Darien, CT 06820					

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jackie Sitte DIRECTOR 124 South Street Stoughton, MA 02072		OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	George Guschwan DIRECTOR 4201 Tuckerman Street University Park, MD 20782		OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Francis Hymel DIRECTOR 3608 Bermuda Ct Midland, TX 79707		OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Benjamin Keyes DIRECTOR 619 London St Portsmouth, VA 23704		OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cheryl Marsh Past President 85 Caroline Road Bozrah, CT 06334	X	OFFICER	DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ Robert Sears SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Robert Sears, PRESIDENT PRINTED NAME AND CORF	PORA.		2/20/2012 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						